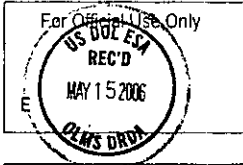


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



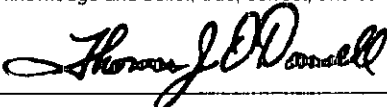
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <b>13069</b>	2. Fiscal Year Covered From:  1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing.  Name <b>Thomas J O'Donnell</b>  P.O. Box, Bldg., Room No., if any <b>Suite 205</b>  Street <b>1828 N. Meridian St.</b>  City <b>Indianapolis</b>  State <b>Indiana</b> ZIP Code + 4 <b>46202</b>	4. Name, file number, and address of labor organization.  Name <b>International Brotherhood of Electrical Worker</b>  Labor Organization File Number <b>032-086</b>  P.O. Box, Building and Room Number, if any <b>Suite 205</b>  Street <b>1828 N. Meridian St.</b>  City <b>Indianapolis</b>  State <b>Indiana</b> ZIP Code + 4 <b>46202</b>
5. Position in labor organization. <b>Business Manager/Financial Secretar</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value <b>from an employer whose employees your organization represents</b> or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.          7.b. Amount.

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u></u>	On <u>05/10/2006</u>	<u>317-923-2596</u>
	Date	Telephone Number

Name of Person Filing Thomas O'Donnell	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Legacy Professionals LLP</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 1F</p> <p>Street 9301 Calumet Avenue</p> <p>City Munster</p> <p>State Indiana ZIP Code + 4 46321</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Robert Tiberi</p> <p>Trade Name, if any: Legacy Professionals LLP</p> <p>P.O. Box, Bldg., Room No., if any Suite 1F</p> <p>Street 9301 Calumet Avenue</p> <p>City Munster</p> <p>State Indiana ZIP Code + 4 46321</p>	<p>11.a. Nature of such dealing.</p> <p>Entertainment</p>
	<p>11.b. Approximate dollar value of such dealing. \$335</p>
	<p>12.a. Nature of interest held or income received.</p>
	<p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing Thomas O'Donnell

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Wells Capital Management

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 310

Street 900 E. 96th St.

City Indianapolis

State Indiana ZIP Code + 4 46240

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Gift

11.b. Approximate dollar value of such dealing.

\$25

12.a. Nature of interest held or income received.

12.b. Amount.

Name of Person Filing Thomas O'Donnell

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State Illinois

ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Amalgamated Bank of Chicago

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street One West Monroe Street

City Chicago

State Indiana

ZIP Code + 4 46202

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Annual Retainer

12.b. Amount.

\$750

Name of Person Filing Thomas O'Donnell

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State Indiana

ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name IN State Bldg & Construction Trades Council

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1701 W. 18th St.

City Indianapolis

State Indiana

ZIP Code + 4 46202-1056

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Annual Retainer

12.b. Amount.

\$1,100

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 9. Business deals with:

☐

a. Labor Organization

☒

b. Trust

☐

c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Central IN Bldg &amp; Constr Trades Council

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11.a. Nature of such dealing.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

Annual Retainer

## 12.b. Amount.

\$19,500

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<b>8. Name and address of Business (including trade name, if any).</b>  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	<b>9. Business deals with:</b>  <input type="checkbox"/> a. Labor Organization  <input checked="" type="checkbox"/> b. Trust  <input type="checkbox"/> c. Employer
<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b>  Name Anthem Insurance Co., Inc.  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 120 Monument Circle  City Indianapolis  State Indiana ZIP Code + 4 46204	<b>11.a. Nature of such dealing.</b>
	<b>11.b. Approximate dollar value of such dealing.</b>
	<b>12.a. Nature of interest held or income received.</b> Annual Retainer          <b>12.b. Amount.</b> \$1,750